

Reciprocity Information / Endorsement Form

Instructions:

Complete Part I of this form and send both (Part I & II) to the all licensing boards of the state or jurisdiction in which you have held a social work license. Once they complete Part II, this form should be forwarded to the address on the back of this form. If the state of jurisdiction does not complete part II, It will be your (applicant) responsibility to supply the Board with the required information. **In addition to this form, you must also complete the initial application (form 266), verification of education form (form 267) and request for a fingerprint card form and submit them to the Board of Examiners. (all forms can be downloaded for www.swmft.ms.gov)**

PART I

~ To Be Completed by Applicant ~

To whom it may concern:

I am applying for a license as a social worker in the State of Mississippi and hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or my practice. When both (Parts I and II) are completed, please return the form to the licensing authority noted on the back of this form.

Applicant's Signature _____

Type or Print Full Name: _____
(First) (Middle) (Last)

Address: _____
(Street/PO Box) (City) (State) (Zip)

Date of Birth: _____ Social Security No: _____

Employer: _____ Supervisor: _____

Your Job Title: _____ Telephone Number: ____ (____) _____

Mississippi License Applying for: (check only one)
☐ Licensed Social Worker (LSW)
☐ Licensed Master Social Worker (LMSW)
☐ Licensed Certified Social Worker (LCSW)

Description of License Held in Other Jurisdiction:

Jurisdiction: _____ License No.: _____

Title of License: _____

Date Issued: _____ Expiration Date: _____

You are required to submit a passing ASWB score report to the Board. It must be forwarded from the Association of Social Work Boards (ASWB) to the us. You can obtain the score report request at www.aswb.org

ASWB Exam Taken: ☐ Clinical ☐ Advanced ☐ Masters ☐ Bachelors (Note: If you did not take the ASWB Exam, you are not eligible for reciprocity/endorsement. If you possess a social work degree, you must apply for licensure as a new applicant and sit for the applicable ASWB exam)

Part II

~ To be Completed By Board or Regulatory Agency ~

1. Does the Part I- information confirm with that in your records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain: _____		
2. Did the applicant obtain original license from your state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, which state issued the original license? _____		
3. Was the applicant licensed under a “grandfathering” provision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you consider the applicant to be in good standing at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain: _____		

5. According to your records, has the applicant ever been disciplined by the board, any state agency or by professional organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain and attach a copy of the order, decree or other relevant documentation:		

6. Did applicant complete Regulatory Agency or Board Approved Supervision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give dates: _____ to _____.		
Supervisor _____	<input type="checkbox"/> ACSW	<input type="checkbox"/> LCSW
		<input type="checkbox"/> _____ (Other)
7. Do you any additional comments regarding the applicant’s license or practice?	_____	

Date: _____		

	<i>Board Chair or Designated Official</i>	

	<i>Title of Board</i>	

	<i>Address</i>	

	<i>City</i>	<i>State</i>
	<i>Zip</i>	<i>Phone</i>

Upon completion of this form by the Licensure/ Registration Authority, please forward to:
Mississippi Board of Examiners
For Social Workers and Marriage & Family Therapists
Post Office Box 4508 ● Jackson, Mississippi 39296-4508